

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 077937092

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	2	1				
5	①		1			
6	①		1			
7	2	1				
8	1	1				
9	1	1				
10	1	1				
11	1	1				
12	1					
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50						
TOTAL IND.	4		4			
TOTAL DEP.	11		4			
TOTAL CLAIMS	15		1			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL DEP.								
TOTAL CLAIMS								